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7590

03/31/2004

Milton S. Sales  
 Patent Legal Staff  
 Eastman Kodak Company  
 343 State Street  
 Rochester, NY 14650-2201

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<i>June P. Carfagna</i>	(Depositor's name)
<i>June P. Carfagna</i>	(Signature)
<i>June 17, 2004</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/606,101	06/25/2003	Robert B. Call	82053BDAN	2543

TITLE OF INVENTION: PHOTOFINISHING PROCESSING SYSTEM AND A PROCESSING SOLUTION SUPPLY CARTRIDGE FOR THE PROCESSING SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/30/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
RUTLEDGE, DELLA J	2851	396-626000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*David A. Novais*

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 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**EASTMAN KODAK COMPANY**  
**343 STATE STREET, ROCHESTER, NY 14650-2201**

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

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(Authorized Signature)

(Date)

*Mark G. Boeckelmann* *6/17/04*

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